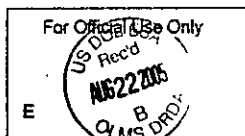


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13708</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>DANIEL</u> <u>A</u> <u>ROBERTS</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>1070 ANDERSON CREEK ROAD</u> City <u>TALENT</u> State <u>OREGON</u> ZIP Code + 4 <u>97540</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS' UNION LOCAL NO. 1400</u> Labor Organization File Number <u>019-462</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>4480 ROGUE VALLEY HIGHWAY #16</u> City <u>CENTRAL POINT</u> State <u>OREGON</u> ZIP Code + 4 <u>97502-7004</u>
5. Position in labor organization. <u>FINANCIAL SECRETARY</u>	

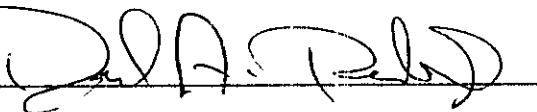
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>NONE</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of interest, Transaction, or Income. <u>NONE</u> 7.b. Amount. <u>NONE</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8.15.05  
Date

(541) 664-2643

Telephone Number

Name of Person Filing <b>DANIEL A. ROBERTS</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <input type="text" value="OREGON LABORERS-EMPLOYERS TRUST FUND"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="2929 N.W. 31ST AVENUE"/> City <input type="text" value="PORTLAND"/> State <input type="text" value="OREGON"/> ZIP Code + 4 <input type="text" value="97210"/>	<b>11.a. Nature of such dealing.</b> <input type="text" value="REIMBURSEMENT TRUSTEE EXPENSE VOUCHERS. LIST TO BE ATTACHED."/> <b>11.b. Approximate dollar value of such dealing.</b> <input type="text" value="LISTED"/> <b>12.a. Nature of interest held or income received.</b> <input type="text" value="EXPENSE REIMBURSEMENT"/> <b>12.b. Amount.</b> <input type="text" value="\$1,307.47"/>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <input type="text" value="NONE"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>14.a. Nature of payment.</b> <input type="text" value="NONE"/>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <input type="text" value="NONE"/>

DANIEL A. ROBERTS

FILE #019-462 -- LABORERS UNION LOCAL NO. 1400

EXPENSE REIMBURSEMENT RECEIVED FROM:

OREGON LABORERS-EMPLOYER TRUST

4/12/04...CHECK #3060	\$ 326.80
REIMBURSEMENT FOR MEETING 3/12/04	
PORTLAND, OR	

8/18/04...CHECK #3315	317.90
REIMBURSEMENT FOR MEETING 7/12/04	
PORTLAND, OR	

11/11/04...CHECK 3525	317.60
REIMBURSEMENT FOR MEETING 9/15/04	
PORTLAND, OR	

12/16/04...CHECK #3588	<u>345.17</u>
REIMBURSEMENT FOR MEETING 11/12/04	
PORTLAND, OR	

TOTAL RECEIVED 2004	<u>\$1,307.47</u>
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Name of Person Filing	DANIEL A. ROBERTS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name :</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City :</p> <p>State : ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name   NORTHWEST LABORERS-EMPLOYERS TRAINING TRUST</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street  </p> <p>City</p> <p>State : ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>REIMBURSEMENT TRUSTEE EXPENSE VOUCHERS. LIST TO BE ATTACHED.</p>
	<p>11.b. Approximate dollar value of such dealing. LISTED</p>
	<p>12.a. Nature of interest held or income received.</p> <p>EXPENSE REIMBURSEMENT</p>
	<p>12.b. Amount. \$1,691.11</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name   NONE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street  </p> <p>City  </p> <p>State : ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>NONE</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. NONE</p>

DANIEL A. ROBERTS

FILE #019-462 - LABORERS UNION LOCAL NO. 1400

EXPENSE REIMBURSEMENT RECEIVED FROM:

NORTHWEST LABORERS-EMPLOYERS TRAINING TRUST

3/3/04...CHECK #35842	\$ 344.55
REIMBURSEMENT FOR MEETING 3/11/04	
SEATTLE, WA	

8/5/04...CHECK #37021	512.00
REIMBURSEMENT FOR MEETING 7/27/04	
LAKE CHELAN, WA	

11/10/04...CHECK #37964	348.31
REIMBURSEMNT FOR MEETING 10/26/04	
SEATTLE, WA	

1/07/05...CHECK #38404	<u>486.25</u>
REIMBURSEMENT FOR MEETING 12/21/04	
TACOMA, WA	

TOTAL RECEIVED 2004	<u>\$1,691.11</u> <u>=====</u>
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Daniel A. Roberts  
1070 Anderson Creek Road  
Talent, OR 97540  
August 13, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, N.W.  
Room N-5616  
Washington, D.C. 20210

RE: FORM LM-30 FILING FOR DANIEL A. ROBERTS  
LABOR ORGANIZATION FILE NO. 019-462

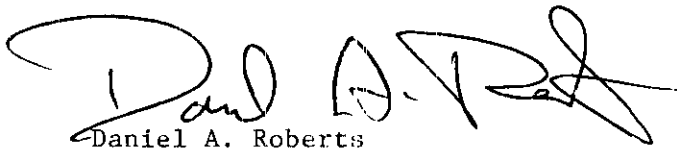
Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided information on those items that I have memory of receiving and can recall no others.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Yours truly,

  
Daniel A. Roberts